

WORKING THROUGH STIGMA

A Constructivist Grounded Theory of Delivering Health Services to 2SLGBTQ Populations in Nova Scotia

Jennifer Lane PhD RN
School of Nursing, Dalhousie University
Halifax, Nova Scotia

BACKGROUND & RATIONALE

Background: stigma is defined as a structural process that disqualifies individuals from being members of groups (often those in which they once belonged).^{1,2,3} Stigma is embedded in power relations and persists across cultures with varying consequences.⁴ Gender and sexuality are constructed cross culturally. The stigmatization of sexual and gender diversity illustrates how the dominance and supremacy of cis-heteronormative cultures are upheld. Structural stigma is uniquely and diversely experienced by sexual and gender minorities (SGMs)⁴ because sexual and/or gender diversity exists across cultures. The minority status of SGMs causes stigma-related stress⁴ that negatively impacts health outcomes. Minority stress pathways may be a means by which health disparities can be broadly appreciated to avoid the impossible task of addressing population-based health problems separately.⁵

Rationale: the historical stigmatization of SGMs and the persistence of 2SLGBTQ health disparities highlight a need to explore the ways in which health services are delivered to these diverse populations so that they might become more equitable and inclusive. Legacies of stigma within public domains across cultures² that are institutionalized in health care shape training and education and ultimately how health services are delivered to 2SLGBTQ populations.

PURPOSE & OBJECTIVES

Purpose: generate theory that works to further understandings of the processes and factors that influence the conditions under which primary care services are delivered to diverse 2SLGBTQ populations in Nova Scotia (NS).

Objectives:

- 1) Describe the learning experiences (formal, personal, professional, societal) of health service providers (HSPs) in delivering primary care services to diverse 2SLGBTQ populations in NS.
- 2) Describe the experiences of diverse 2SLGBTQ populations in receiving primary care in NS.
- 3) Identify how health-related educational and institutional structures, systems, processes, and decision-making can support positive change within the primary care system and influence the conditions under which health services are delivered to diverse 2SLGBTQ populations in NS.

METHODOLOGY

Intersectionality Theory: critical philosophical perspective that emerged from Black feminist scholarship and uses social categories of identity as analytic tools for exploring domains of power.^{6,7}

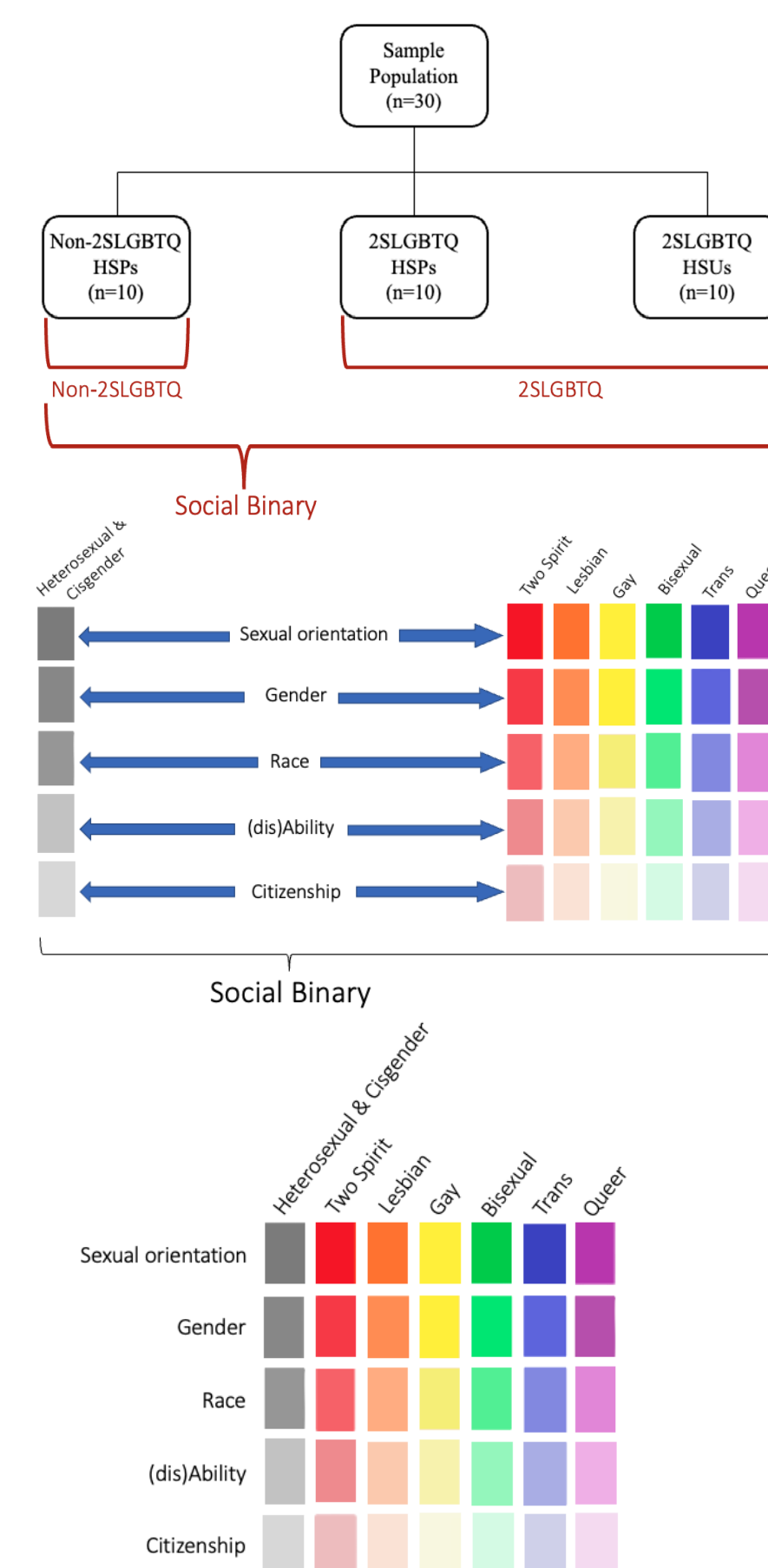
Critical Theory: philosophical perspective that can be used to reconceive differences as similar using oppositional social categories (eg, a social binary) to broadly explore power relations.^{8,9,10,11}

Constructivist Grounded Theory (CGT): Intersectionality and Critical Theories complement one another in such a way that Constructivist Grounded Theory methodology and methods could be extended; differences within categories of identity were conceived using Intersectionality Theory, then Critical Theory supported the adoption of a social binary to promote the emergence of common themes. Methodological reflexivity was used to appreciate knowledge as situated and stigma served as a sensitizing concept that created a starting point for the investigation.

METHODS

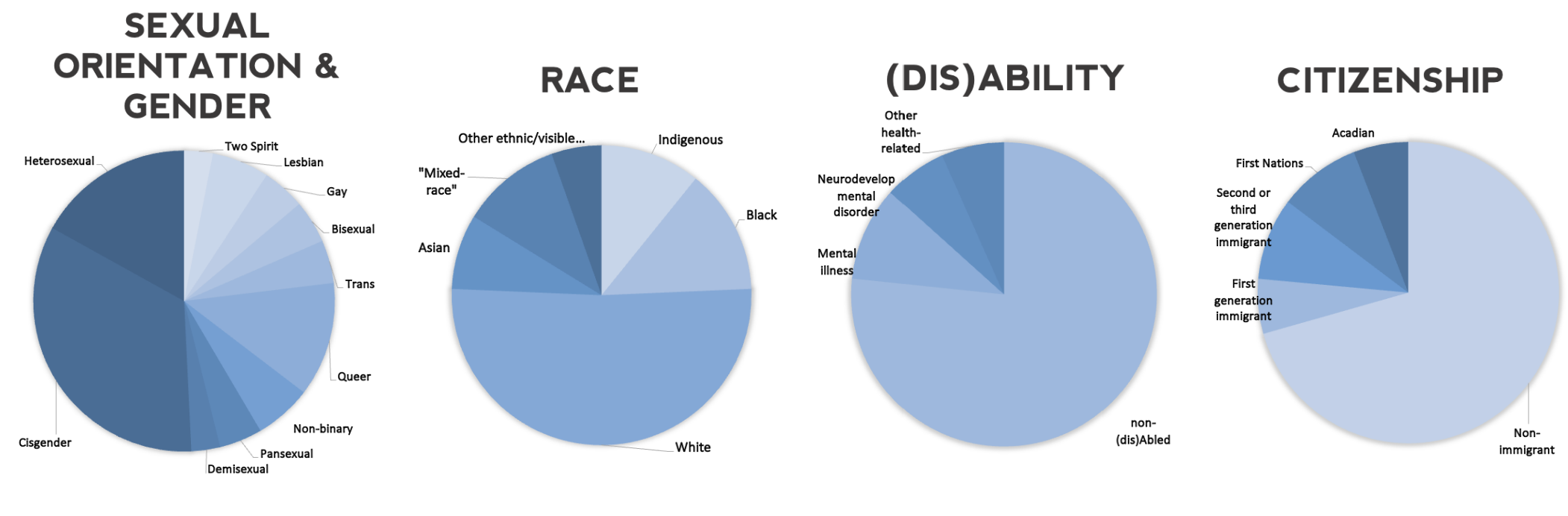
SAMPLE POPULATION

The sample population (N=30) was comprised of 3 subgroups (n=10 in each). A binary of 2SLGBTQ versus non-2SLGBTQ was adopted. There was one non-2SLGBTQ subgroup of HSPs and two 2SLGBTQ subgroups, one comprised of HSPs and the other of health service users (HSUs). Intersectionality Theory was used to conceive a diverse sample population. Strategies for managing intersectional complexity¹² were employed, which aimed for an overrepresentation of historically underrepresented perspectives on the 2SLGBTQ side of the adopted social binary. Once points of comparison were created by adopting social categories of identity for the analytic purpose of exploring relations of power in the studied context, the binary was collapsed, and a diverse sample population conceived.



RECRUITMENT

Recruitment took place via email and social media. A website was created for the study to assist with the recruitment process. Emails and social media posts included an advertisement poster and link to the study website that contained information about the study and potential participants were asked to complete a short questionnaire that confirmed eligibility according to subgroup and ask respondents to self-identify across social categories of identity, including sexual orientation, gender, race, (dis)ability, citizenship, and professional role/scope of practice for the HSP subgroups. Eighty respondents to the questionnaire confirmed eligibility and 30 were purposively sampled for maximum variation in perspectives (personal, professional, and geographical) to create as many points of comparison as possible so that the theory generated was as inclusive as possible. These points of comparison would be available later when data were being analyzed.



DATA COLLECTION & ANALYSIS

Interviews: a semi-structured guide was adapted¹³ to conduct interviews with each participant. The interview guide evolved as data were collected to facilitate theoretical sampling. Interviews took place using Zoom, a video conferencing platform, due to COVID-19 related public health restrictions. Ten follow-up interviews were conducted.

Coding: initial and then focused codes were generated, grouped by category, and then used for constant comparison between issues¹⁴ that arose in relation to the roles participants took in the delivery of health care services to 2SLGBTQ populations.

Memo-writing: began after the first interview and continued after data collection was complete. After a concept's properties were saturated, memo-writing was used to raise the level of abstraction so that the theory generating was an interpretive rendering of, and grounded in, the data.¹³

Diagramming: served as a method to integrate memos and determine connections and relationships between concepts and sub concepts/categories.¹³ This helped me to bring initial codes into concreteness and supported the development of a set of focused codes.¹³

Theoretical Sampling: concepts or ideas were explored using abductive reasoning to make sense out of the data being collected and analyzed and to make connections between empirical data and theoretical understandings of the studied phenomenon.^{13,15} Qualitative trustworthiness was achieved using two methods: member-checking and negative case analysis. The overrepresentation of historically underrepresented perspectives within the sample served as negative cases.

FINDINGS

The overall process of **Working Through Stigma** is a rendering of what individuals do to cope with and adapt to sets of circumstances as they mediate consequences shaping outcomes. The theory generated in this study depicts what participants do about their stigma-related concerns and involves three interrelated processes: **Depending on Context**, **Resolving Histories**, and **Surviving the Situation**. Concepts feed into one another, have no beginning or end, and mutually constitute one another and is thus a portrayal of power relations that carry benefits for members of dominant groups at the expense of others.

Depending on Context means recognizing that outcomes and choices are shaped by how the stage is set and socially constructed differences realized. Nailah illustrates this concept and its subconcepts: 'Setting the Stage' and 'Living Intersectionality' when she says:

I had to even know what Blackness was because where we come from, we're all Black. We just go by tribe names. [...] So, I had to learn about what Black even meant. [...] I was around Black people. Nobody would outright say, 'Hey, you're different, but I knew there was a difference.'

A change in context changed the meaning of Blackness and Nailah had to relearn the meaning of her own identity. This illustrates the '(re)Setting the Stage' subconcept; circumstances come about in different contexts differently and how an identity is constructed depends on how the stage has been set. Nailah illustrates the '**Living Intersectionality**' subconcept by realizing socially constructed differences through the intersections of her identity. 'Depending on Context' is just as much about the coming about of circumstances in a context as it is about how socially constructed differences are realized therein. Contexts shape outcomes and influence the conditions under which individuals find themselves, their sense of safety, and perceptions of what battles are worth fighting. The '**Picking Your Battles**' subconcept means deciding upon the best course of action (from available options), including how decision-making processes are contextually determined.

Surviving the Situation means coping with and adapting to sets of circumstances. Phoenix illustrates surviving the situation when she says:

"I always come at it with a defensive feeling. Like, what assumptions are people going to make today? [...] What am I going to have to do? Fight back or just point it out in a nice way?"

Resolving Histories means mediating accumulating consequences. This concept and its subconcepts ('Situating Individuals', 'Having an Impact', and 'Layering Pasts, Presents, and Futures') are illustrated when Eli says:

Gender is a complicated construction. I've settled on non-binary. [...] For a while I was identifying as a trans man, but that doesn't feel right. [...] I'm also mixed-race. So, that's a big part of my experiences and greatly impacts how my gender and sexuality are treated; not necessarily just in the health system, but in society as a whole. And I'm disabled, so that's adding another layer of complexity.

When Eli says they have "settled on non-binary" they are illustrating '**Situating Individuals**' because they located themselves by trying on different identities until one fit. When Eli says their race impacts how their gender and sexuality are treated, they are describing different domains of power interconnecting and '**Having an Impact**' on them. Adding the layer of complexity that comes with being (dis)abled, Eli further highlights the interconnectiveness of impacting power relations working through stigma. When Eli makes the distinction between the impact of interconnecting domains of power within society as a whole, not just in the health system, they illustrate '**Layering Pasts, Presents, and Futures**'. Eli suggests they are mediating consequences across contexts, which accumulate over their lifetime; this distinction highlights the spatial characteristics of having an impact as well as the subconcept's temporal aspects.

The subconcept of '**Reading is Fundamental**' means assessing situations for threats to survival. Phoenix's assessment of a situation will influence her response to the assumptions others make about her. '**Engaging That Survival Apparatus**' means triggering the survival instinct. Phoenix illustrates this subconcept when she says she always approaches things "with a defensive feeling" because this is how she has adapted to and coped with having her survival instinct triggered in the past when others have assumed things about her.

IMPLICATIONS

Structural stigma is a resource that has been historically controlled by members of dominant groups to maintain their supremacy at the expense of others.¹⁶ If differences that are stigmatized were not negatively constructed, then stigma might be a structurally embedded resource for bringing about transformative change.

Practice implications include graduating practice-ready healthcare professionals who have had skills-based learning in how to work through stigma in ways that interactions result in the best possible outcomes according to HSUs. Historically marginalized populations experience structural trauma¹⁷; they cope with and adapt to the engagement of their survival apparatus and read into interactions to detect and avoid threats. With this in mind, HSPs can be taught to engage HSUs in ways that convey safety through validation and locate them socially by way of critical and trauma-informed strategies that assess situations and conditions that shape outcomes. Such strategies can follow the same steps as physical assessments by way of inspection, palpation, percussion, and auscultation.¹⁷

Scholarly implications include applying the principles of equity, diversity, and inclusion in qualitative research design by conceiving a diverse sample population across social categories of identity that are relevant to the studied context and creating points of comparison that can contribute to qualitative trustworthiness because it informs purposive sampling for maximum variation, and enhances theoretical sampling and saturation later during data analysis. There is utility in this sampling method to broadly explore common experiences, such as those shaped by stigma; by paying attention to diverse perspectives, creating points of comparison to tease out differences in how conditions within a studied context are experienced, and then reconceiving those differences as similar under broader social categories (such as 2SLGBTQ and non-2SLGBTQ).

CONCLUSIONS

Outcomes and availability of choices can be reshaped when working through stigma, but the stage has to be set in ways that socially constructed differences are realized in non-stigmatizing ways. Accumulating consequences can be mediated when working through stigma, but to resolve them in ways that have positive impacts, the context needs to support individuals as they work across multiple forms of stigma. Coping strategies are used to survive the situations people find themselves in, but multiple domains of power can operate in ways that make working through stigma harder for some than it is for others. If the negative impacts of stigma were anticipated we could be working through stigma to reshape outcomes, making it easier to cope with and adapt to sets of circumstances, including those under which health services are being delivered.

Stigma can be recast as an opportunity to transform social structures by promoting practices that mitigate the negative impacts of stigma at multiple levels.

Exploring power relations working through stigma and the behaviours and practices individuals used to mitigate its impacts revealed strategies for transforming social structures by changing how health services are delivered to historically stigmatized populations.

REFERENCES

1. Castro A, Farmer P. Understanding and Addressing AIDS-Related Stigma: From Anthropological Theory to Clinical Practice in Haiti. *Am J Public Health*. 2005 Jan;95(1):53-9.
2. Link BG, Phelan JC. Conceptualizing stigma. *Annual Review of Sociology*. Palo Alto. 2001;27:363-85.
3. Metz JIM, Hansen H. Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine*. 2014 Feb;103:126-33.
4. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*. 2003 Sep;129(5):674-97.
5. Pachankis JE, McConocha EM, Reynolds JS, Winston R, Adevyinka O, Harkness A, et al. Project ESTEEM protocol: a randomized controlled trial of an LGBQ-affirmative treatment for young adult sexual minority men's mental and sexual health. *BMC Public Health*. 2019 Aug 9;19(1):1088.
6. Collins PH, Bilge S. *Intersectionality*. Second. Cambridge, MA: Polity Press; 2020.
7. Crenshaw K. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*. 1989;1989(1):31.
8. Adorno TW. *Negative Dialectics*. New York, NY: The Continuum International Publishing Group, Inc.; 1973. 416 p.
9. Agger B. *Critical Social Theories: An Introduction*. 2nd ed. Boulder, CO:Paradigm Publishers; 2006. 239 p.
10. Groff R, editor. *Subject and Object: Frankfurt School Writings on Epistemology, Ontology, and Method*. New York, NY: Bloomsbury Publishing Inc.; 2014.
11. Lane J. If Adorno Met Intersectionality Theory: Reconceiving the Method of Negative Case Analysis. *International Journal of Qualitative Methods*. 2021 Jan 1;20.
12. McCall L. The Complexity of Intersectionality. *Signs: Journal of Women in Culture and Society*. 2005 Mar 1;30(3):1771-800.
13. Charmaz K. *Constructing Grounded Theory*. SAGE; 2014. 417 p.
14. Rieger KL. Discriminating among grounded theory approaches. *Nursing Inquiry*. 2019;26(1):e12261.
15. Conlon C, Timonen V, Elliott-O'Dare C, O'Keefe S, Foley G. Confused About Theoretical Sampling? Engaging Theoretical Sampling in Diverse Grounded Theory Studies. *Qual Health Res*. 2020 May 1;30(5):947-59.
16. Link BG, Phelan J. Stigma power. *Social Science & Medicine*. 2014 Feb 1;103:24-32.
17. Searle J, Goldberg L, Aston M, Burrow S. Accessing new understandings of trauma-informed care with queer birthing women in a rural context. *J Clin Nurs*. 2017 Nov;26(21-22):3576-87.